

Obatos Care Services Limited

Birmingham

Inspection report

Office 307
Bradford Court 123-131
Birmingham
B12 0NS

Date of inspection visit:
08 March 2022
09 March 2022
10 March 2022

Date of publication:
24 March 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Birmingham is a community-based care provider that provides personal care to people living in their own homes and supported living settings. At the time of inspection two people were receiving support from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

One person received support from the service with the regulated activity of personal care on the day of the inspection. We must protect the person's rights to a private life so the report will provide an overview of the care received by the person rather than specific examples.

Risk assessments in place did not contain enough information to guide staff on how to support the person safely, however, staff knew the person using the service well. Medication records had not been completed where medication was being administered and this meant we could not be assured medication was being administered as prescribed.

The provider's audits and oversight of the service had not identified the areas of concern we found during the inspection.

Staff had received training in safeguarding and knew the actions to take to keep people safe. There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people. Staff followed infection control guidance and had access to personal protective equipment.

The person was encouraged to have choice and control of their life and was supported in the least restrictive way possible and in their best interests.

The person received kind and respectful support. Their privacy, dignity and independence were maintained. The person was involved in decisions about their support and life.

The person was supported to have interests, and take part in activities they enjoyed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection for this newly registered service.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Birmingham

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The provider also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

We spoke with one person using the service. We spoke with five members of staff including the registered manager, business manager and support workers. We reviewed a range of records. This included one person's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity was carried out on 08, 09 and 10 March 2022.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified the risks staff needed to be aware of in order to support people. However, risk assessments did not contain enough information for staff to support people's needs. For example, there was not enough detail on how to transfer a person safely. Staff currently supporting the person using the service had a good knowledge of the person's needs, however, it is important for risk assessments to be more detailed to ensure new staff who may not know the person, have sufficient information to provide safe care. The provider assured us they would update their risk assessments with more detail and started work on amending their risk assessments immediately.

Using medicines safely

- The person using the service was receiving support with their medication and knew what medication they needed to take. However, the provider's documentation was not clear on what level of support was being provided and contained conflicting information. The provider's medication policy clearly states, "When the care worker either provides physical reminders or verbal assistance this must be recorded on a medication administration record (MAR) to evidence support has been provided." No MAR had been completed to evidence this support.
- Where prescribed creams were being administered, there was no MAR in place to evidence this medication was being administered as prescribed.
- Staff received training and regular competency checks to ensure they were administering medicines safely, however, these checks had not identified where MAR charts were not being completed.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.
- People were supported by a regular team of support workers who knew their needs well. This enabled people to feel safe and secure and build trusting relationships.

Preventing and controlling infection

- The provider had infection control policies and procedures in place to provide guidance to staff on how to reduce the spread of infection.

- Staff had received training in how to prevent and control infection. A staff member told us, "We wear aprons, face goggles, gloves, hand sanitiser, encourage regular hand washing, and masks"
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

Learning lessons when things go wrong

- The provider had a system in place to analyse any accidents or incidents and explained how they would look to see what had gone wrong and how they could improve.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment so they could be sure they could support people safely and how they wanted.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- Staff received induction training to give them the skills and knowledge to support people safely.
- Staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff received on-going training to meet people's specialised needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy balanced diet and where people had specific dietary requirements, staff were aware of their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other agencies and health professionals in order to meet people's specific needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and understood the importance of involving people in decisions about their care. One staff member told us, "Protect the interests of the client to give them choice. If they have capacity, make sure we don't override their choice."
- Staff told us how they always asked for consent before supporting someone. They told us, "We ask what they [people using the service] would like."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and supportive staff and the person using the service confirmed this.
- The provider shared a compliment they had received which confirmed the service being provided was friendly and caring.
- Staff told us how caring the provider was. One member of staff said, "[Name of registered manager] is a jovial person, wonderful, he is approachable, he is a very good person and I never regret working with them."
- People's equality and diversity were respected and their likes and dislikes were clearly recorded in their care plans.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager kept in regular contact with people using the service to obtain their feedback on the care provided.
- People were involved in care planning and their views and wishes respected.
- Quality reviews were carried out to ensure people were happy with the care they were receiving.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One member of staff told us, "We always knock before entering, when toileting give people private time, when we shower – make sure the curtains are drawn."
- The provider encouraged people's independence. A member of staff told us how they supported the person using the service to do as much as they can for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place to show the support people needed and people were involved in reviews of their care.
- Care plans contained personalised information about what was important to them, including people's hobbies, likes and dislikes to enable staff to provide person centred care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were asked about their preferred communication method during the initial assessment and this was recorded in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person using the service was supported to take part in activities they enjoyed. Activities people enjoyed were recorded in their care plans.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and the person using the service knew who to talk to if they had any concerns.
- Staff told us they felt comfortable to raise any concerns with the manager and their concerns would be listened to and actioned.

End of life care and support

- There was no-one receiving end of life care at the time of inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's systems and processes for the management and oversight of the service were not consistently effective and had not identified the concerns we found during the inspection.
- Spot checks on staff had not identified where they were not completing medication administration records (MAR) where prescribed creams were being administered. They had also not identified where staff were giving prompts and MAR charts had not been completed in line with the company's own medication policy.
- The provider's processes to monitor the quality of the service were not always effective. The provider had not identified where care plans and risk assessments did not contain detailed information to guide staff although regular staff did know people's needs well.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The person and staff spoke positively about the provider. One member of staff told us, "It is a wonderful organisation and I would recommend my friends to work here. They support personal development."
- All staff we spoke with told us how approachable the manager was. One member of staff said, "The registered manager is easy to talk to. I can relate with them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was open and honest with us throughout the inspection and keen to learn and improve. They understood the need to be open and transparent and learn lessons when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider carried out reviews to gain people's feedback of the service and drive forward improvements.
- The provider told us in information we received prior to the inspection, they regularly request feedback from the clients and their relatives.
- The service worked in partnership with social workers, health professionals and relatives to support people's needs.

Continuous learning and improving care

- Management and care staff received continuous training to ensure their learning, skills and knowledge were current to be able to support people.
- The provider had a spreadsheet entitled "Lessons learned and improvements made" where they reflected on areas of the business where changes had been made in order to drive forward improvements.
- The provider was in the process of implementing an electronic system in order to make the service more efficient and support the provider to have oversight of the service.